

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

FOR COURT USE ONLY

Please Read Instructions:

TRANSCRIPT ORDER

DUE DATE:

| | | | | | | |
|---|-------------------------------------|-----------------------------------|---|--------------------------------|---|-------------------|
| 1. NAME Manuel San Juan | | 2. PHONE NUMBER (787) 723-6637 | 3. DATE 1/5/2022 | | | |
| 4. DELIVERY ADDRESS OR EMAIL (sanjuanm@microjuris.com) or 206 Tetuán St. Suite 902 | | 5. CITY Old San Juan | 6. STATE PR | | | |
| 7. ZIP CODE 00901 | 8. CASE NUMBER 3:22-mj-01583-BJM | | | 9. JUDGE Bruce J. McGiverin | DATES OF PROCEEDINGS 10. FROM 12/30/2022 | |
| 11. TO 12/30/2022 | | | 12. CASE NAME USA v. Avraham Mayer Eisenberg | | | 13. CITY San Juan |
| 14. STATE Puerto Rico | | | 15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER | | | |

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

| PORTIONS | DATE(S) | PORTION(S) | DATE(S) |
|--|------------|---|---------|
| <input type="checkbox"/> VOIR DIRE | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | |
| <input type="checkbox"/> OPINION OF COURT | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | |
| <input checked="" type="checkbox"/> BAIL HEARING | 12/30/2022 | | |

17. ORDER

| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
|-----------|--|--------------------------|----------------------|-----------------------|-------|
| ORDINARY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| 14-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| EXPEDITED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| 3-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | |

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

| | |
|--|--------------|
| 18. SIGNATURE  | PROCESSED BY |
|--|--------------|

| | |
|----------------------|--------------------------------|
| 19. DATE 1/5/2023 | PHONE NUMBER (787) 723-6637 |
|----------------------|--------------------------------|

| | |
|------------------------------|---------------|
| TRANSCRIPT TO BE PREPARED BY | COURT ADDRESS |
|------------------------------|---------------|

| ORDER RECEIVED | DATE | BY | |
|--|------|----|----------------|
| DEPOSIT PAID | | | DEPOSIT PAID |
| TRANSCRIPT ORDERED | | | TOTAL CHARGES |
| TRANSCRIPT RECEIVED | | | LESS DEPOSIT |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | TOTAL REFUNDED |
| PARTY RECEIVED TRANSCRIPT | | | TOTAL DUE |

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY